

STATE OF MICHIGAN
STATE BOARD OF EDUCATION

**POLICY TO PROMOTE HEALTH AND
PREVENT DISEASE AND PREGNANCY**

The Michigan State Board of Education recognizes that human immunodeficiency virus (HIV)¹, other sexually transmitted infections (STIs)², and early pregnancy are serious threats to the current and future health and academic success of Michigan students. Well-planned and implemented comprehensive school health education has been shown to positively influence students' health-related knowledge, skills, and behaviors and contributes to their academic achievement. Schools therefore have a duty, in concert with families and communities, to implement effective sexuality education programs that will help students make responsible decisions during their school years and into their adult lives.

The State Board of Education recommends that local school boards support their school administrators and faculty to select, adopt, and implement comprehensive sexuality education programs that are based on sound science and proven principles of instruction. Such research-based programs will help schools accomplish the teaching and learning goals of the federal *No Child Left Behind Act of 2001* and of Michigan's *Education YES!—A Yardstick for Excellent Schools*. To safeguard their health and the health of others, all students should receive this instruction unless a parent or legal guardian has specifically requested that their child be excused from specified classes or units within the course. Minimally, local school districts' programs must be in compliance with Michigan laws regarding reproductive health education and HIV and other STI prevention programs³. Provisions of these laws include a functioning advisory board, curriculum content adopted by the local school board, professional development, preview of program materials, parent notification, and public hearings related to program changes.

Local board policies that support effective sexuality programs should include the following principles and recommendations:

- I. Parents/guardians and families are the first and primary sexuality educators of their children. Education programs are more likely to be effective when they are consistent with what most parents want for their children. Parents, schools, and the broader community must work together to provide consistent messages regarding healthy and responsible behavior. **The State Board of Education recommends that local school districts adopt sexuality education programs that are consistent with school and community standards and support positive parent/child communication and guidance. The Board recommends that local school districts conduct parent/community surveys to assess attitudes towards sexuality education and help determine what specific topics should be taught and when they should be introduced.**

¹ HIV is the virus that causes Acquired Immune Deficiency Syndrome (AIDS).

² The term *sexuality transmitted infections* (STIs) is used as recommended by the medical profession to replace the previous term *sexuality transmitted diseases* (STDs). Common sexually transmitted infections include chlamydia, gonorrhea, syphilis, hepatitis B, herpes, and human papilloma virus (HPV).

³ Current statutes related to HIV and sex education instruction in school include Public Act 451 of 1976 and Public Act 94 of 1979, MCL §380.1169, MCL §380.1506, MCL §380.1507, MCL §388.1766, and MCL §388.1766a.

- II. Decisions regarding the specific content of sexuality education programs, as with all curriculum areas, belong primarily at the local school district level. Sound programs of instruction address human development, healthy relationships, communication skills, possible consequences of sexual risk behaviors, influence of alcohol and other drugs on decisions and sexuality within society and culture. Instruction should emphasize that students have the power to control personal behavior and should base their actions on accurate information, values, reasoning, a sense of responsibility, and respect for self and others. Education programs should address the needs of all students: those who have abstained from sexual activity, those who have engaged in sexual activity but are currently abstaining, those who are engaging in sexual activity, and those who will decide to engage in sexual activity in the future. The content should also be consistent with the Michigan Department of Education Health Education Content Standards. **The State Board of Education urges that sexuality education program content be medically accurate and include current information.**⁴ Abstinence from risky sexual behavior must be stressed as the only certain way to avoid HIV, other STIs, and pregnancy.⁵ Given the fact that 43 percent of Michigan high school students reported they have had sexual intercourse⁶, instruction also needs to address methods to reduce risks for HIV, other STIs, and unintended pregnancy.
- III. Our nation's pluralistic society requires an educational system that provides education and supports programs that address the varied needs of highly diverse student populations in nondiscriminatory ways. **The State Board of Education recommends that school districts plan and implement sexuality education programs that are age, developmentally, linguistically, and culturally appropriate.** Local school districts should use multiple sources of data regarding student needs, knowledge, and behavior to plan programs that meet the prevention needs of all students, with due attention to those who might be at greater risk for HIV, other STIs, and pregnancy.⁷
- IV. Best practice evidence suggests that an effective sexuality education program is:
- conducted within the context of a broader Coordinated School Health Program;
 - initiated early, before students reach the age when they may adopt risky behaviors, and reinforced throughout middle and high school;
 - focused on the risk behaviors that are most likely to result in HIV infection, other sexually transmitted infections, and unintended pregnancy;
 - centered on a positive, healthy definition of sexual health rather than one that focuses only on avoiding negative outcomes;

⁴ *Medically accurate* means verified or supported by research conducted in compliance with scientific methods and published in peer-review journals, where appropriate, and recognized as accurate and objective by professional organizations and agencies with expertise in the relevant field.

⁵ Use of drugs and alcohol can cloud judgment and increase the likelihood of risky sexual behaviors. HIV can also be transmitted through blood-to-blood contact that may occur with sharing of injection needles. Therefore, a strong abstinence message from both sexual activity and alcohol and other drugs is necessary.

⁶ Results are from the 2003 Michigan Youth Risk Behavior Survey.

⁷ Researchers have identified certain populations of students who may be at greater risk for these outcomes due to situational or behavioral factors, such as students in special education or alternative education programs, students in high prevalence communities, students who have been sexually abused, and students who identify as gay, lesbian, bisexual, transgender, or who are questioning their sexual orientation.

- e. based on proven theories of behavior change, with an emphasis on instructional methods that foster functional knowledge and develop prevention skills within environments that reinforce the knowledge and skills taught;
- f. of sufficient duration for students to acquire the knowledge and skills needed to adopt healthy behaviors⁸;
- g. implemented with consistency as approved; and
- h. delivered by trained staff who are comfortable with the subject matter and supportive of the program.

The State Board of Education recommends that school districts plan, adopt, and implement sexuality education programs that are research based and consistent with principles of effective instruction.

- V. Successful sexuality instruction is best provided by well-trained and supported school staff members who demonstrate:
- a. sound knowledge of content and the ability to access and evaluate reliable sources for obtaining additional information;
 - b. skill in using a variety of teaching strategies, engaging educational methods, and performance-based student assessment;
 - c. the ability to communicate with and involve parents and guardians;
 - d. the ability to utilize trained community agency staff to enhance, but not replace, the instructional program;
 - e. the ability to work with appropriate school staff to link students to adolescent health services as necessary⁹;
 - f. skill in planning and evaluating curricula; and
 - g. skill in working effectively with others within the school and community.

The State Board of Education recommends that school districts support on-going professional development for designated school staff in effective sexuality instruction.¹⁰

- VI. Adoption of sexuality education materials and methods should be well documented. The program should be revised regularly based on evaluation results, changes in research, and feedback from students, parents/guardians, and teachers. Evaluation information should indicate what students have learned and were able to apply, whether the program was workable for the teachers, and how the program could be improved. **The State Board of Education recommends that the local advisory board¹¹ meet at least semi-annually to review program progress and make any necessary recommendations to the local school board.**

⁸ Effective instruction is seldom a single event such as a video, an assembly or a special event. In isolation these strategies have not proven to change behavior. Dr. Doug Kirby in *Emerging Answers: Research Findings on Programs to Reduce Teen Pregnancy* (2001) identified the most effective school-based programs as those that lasted fourteen or more hours.

⁹ Such services may include but are not limited to school-based health services, and HIV and STI counseling, testing and referral services.

¹⁰ Professional development for sexuality education is provided through local or intermediate school district workshops, as well as state and national conferences. MCL §380.1169 already requires training for those who teach K-12 pupils about HIV and AIDS, with an exception for licensed health care professionals who have received training on HIV and AIDS.

¹¹ The local advisory board is the body designated in MCL §380.1507 to review materials and make recommendations to the local school board regarding sex education programs. Minimally, it must include parents of students in the district, students, educators, local clergy, and community health professionals.

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Resources

1. Details regarding the *No Child Left Behind Act of 2001* and *Education YES!* can be accessed at www.nochildleftbehind.gov and on the accountability page of the Michigan Department of Education website www.michigan.gov/mde/0,1607,7-140-22709---,00.html
2. Numerous studies support the links between comprehensive school health education, knowledge, skills, behaviors, and student achievement.
 - Connell, D., Turner, R., & Mason, E. (1985). Summary of findings of the school health education evaluation: Health promotion effectiveness, implementation, and costs. *Journal of School Health*, 55(8), 316-321.
 - Dent, C., Sussman, S., Stacy, A., Craig, S., Burton, D. & Flay, B. (1995). Two-year behavior outcomes of project towards no tobacco use. *Journal of Consulting and Clinical Psychology*, 63(4), 676-677.
 - Elias, M., Gara, M., Schuyler, T., Branden-Muller, L., & Sayette, M. (1991). The promotion of social competence: Longitudinal study of a preventive school-based program. *American Journal of Orthopsychiatry*, 61(3), 409-417.
 - Schoener, J., Guerrero, F., & Whitney, B. (1988). The effects of the Growing Healthy program upon children's academic performance and attendance in New York City. Report from the Office of Research, Evaluation and Assessment to the New York City Board of Education.
3. Information regarding HIV and Sex Education in Michigan schools can be accessed at www.emc.cmich.edu. The site includes information on topics including the law, communicable disease policies and guidelines, implementing school based programs, and parent involvement and resources.
4. Michigan laws including those affecting schools can be accessed through the Michigan Legislature website at www.michiganlegislature.org. A compilation of Michigan laws regarding sex education, HIV education, health education, and physical education as of September 2003 can be found at www.emc.cmich.edu/hiv/schoolcode.htm.
5. A sample Parent/Community Sex Education survey developed by the Michigan Department of Education can be accessed at <http://www.emc.cmich.edu/hiv/Guide/images/AppendixA.pdf>
6. Michigan's Health Education Content Standards include core concepts and the skills of accessing information, self-management, analyzing internal and external influences, decision-making and goal-setting, interpersonal communication, and advocacy and can be accessed on the web at http://www.michigan.gov/documents/Health_Standards_15052_7.pdf.
7. Michigan Youth Risk Behavior Survey data can be accessed at <http://www.emc.cmich.edu/YRBS>.
8. State Collaborative on Assessment and Student Standards-Health Education Project materials are available from school health staff within the Michigan Department of Education, Office of School Excellence.